

APPLICATION FOR PERMIT  
BATHFIELD COUNTY, WISCONSIN  
DATE STAMP (RECEIVED)  
JUN 11 1935

**FILED**

Permit #:	Date:	Amount Paid:	Refund:
15-0195	6-19-15	\$190	6-19-15

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →										LAND USE	SANITARY	PRIVATE	CONDITIONAL USE	SPECIAL USE	B.O.A.	OTHER	
Owner's Name:		CARL R. Vilmaru			Mailing Address:		719 Baraga Av		City/State/Zip:		Houghton, MI 49931		Telephone:		906-482-8550		
Address of Property:		48030 N Diamond Lake Dr			City/State/Zip:		Cable WI 54821						Cell Phone:				
Contractor:		Scott Byrd			Contractor Phone:		798-2364		Plumber:				Plumber Phone:				
Authorized Agent: (Person Signing Application on behalf of Owner(s))					Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)			PIN: (23 digits) 04-021-2-44-06-20-3		03-0040000		Recorded Document: (i.e. Property Ownership)		Volume 777		Page(s) 924				
1/4, SW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:			
Section 20		Township 44 N		Range 6 W		Town of: Grand View		Lot Size		Acreage 1.9							
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		<input type="checkbox"/> If Yes—Continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes—continue →		Distance Structure is from Shoreline: 2300 ft															
<input type="checkbox"/> Non-Shoreland																	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$30,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>septic</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation				<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 36 ft	Width: 28 ft	Height: 16 ft

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(      X      )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(      X      )	
		with Loft	(      X      )	
		with a Porch	(      X      )	
		with (2 <sup>nd</sup> ) Porch	(      X      )	
		with a Deck	(      X      )	
		with (2 <sup>nd</sup> ) Deck	(      X      )	
Commercial Use		with Attached Garage	(      X      )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(      X      )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(      X      )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(      X      )	
Municipal Use	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Garage</u>	( 36 X 28 )	1008
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(      X      )	
		Special Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Other: (explain) _____	(      X      )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): WILLIAM C. MURPHY  
(if there are Multiple Owners listed on the Deed All Owners must sign on letter(s) of authorization must accompany this application)

**Authorized Agent:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

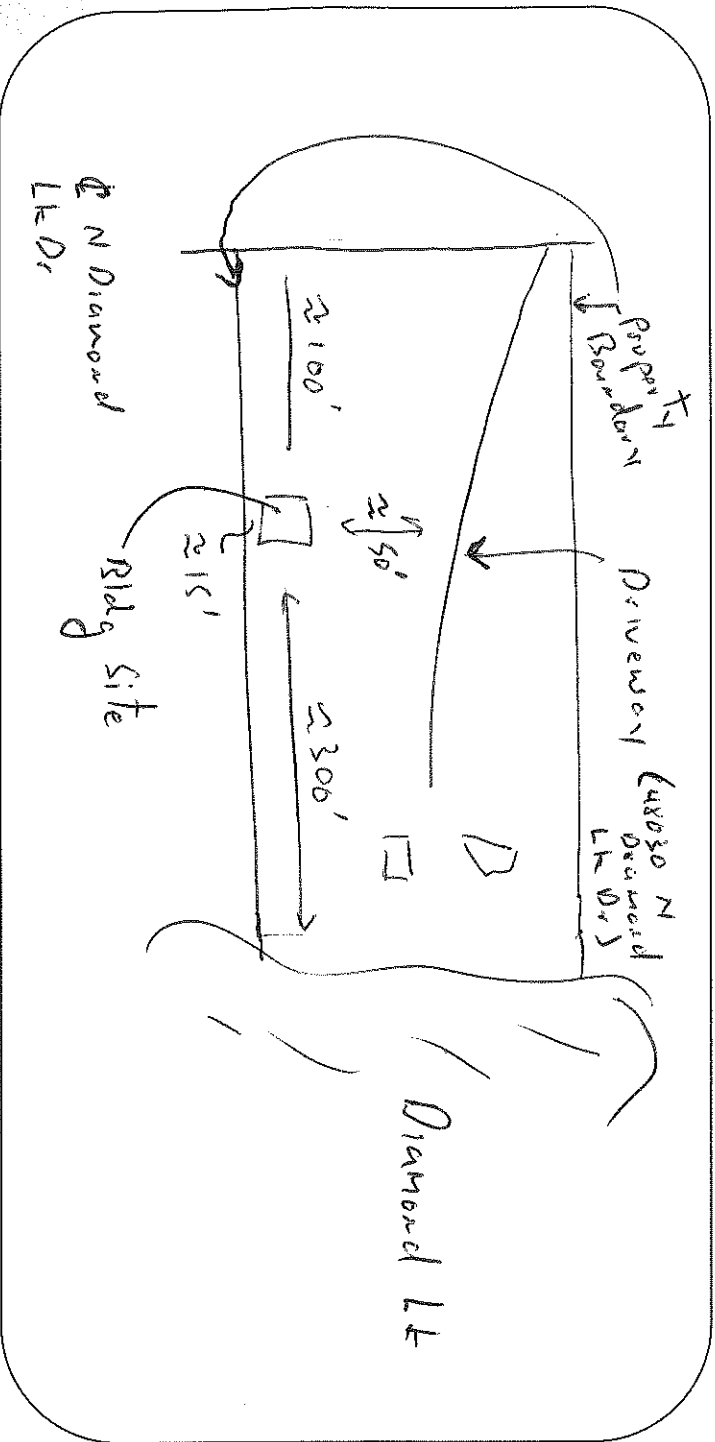
Address to send permit  

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	~ 100 Feet	Setback from the Lake (ordinary high-water mark)	~ 300 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	~ 15 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	~ 150 Feet	Setback to Well	~ 150 Feet
Setback to Drain Field	~ 150 Feet		
Setback to Privy (Portable, Composting)	~ 80 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 15-0195	Permit Date: 6/19-15			
Is Parcel a Sub-Standard Lot: Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Bldg Stage: 6/17/15	Inspector: J. Kelly	Zoning District: (R1)	Lakes Classification: (1)	Date of Re-Inspection:
Conditions(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) Must Meet Setback Requirements, not for human habitation, No water under house.				
Signature of Inspector: J. Kelly		Date of Approval: 6/17/15		
Hold For Sanitary: <input type="checkbox"/>	Hold For TB: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>